



Commonwealth of Massachusetts

Employee Reimbursement Request Form

Dept. Code: _____ Employee ID: _____

Employee Related Expenses *

☐ **B01** Out of State Travel - Other \$ _____ ☐ **B07** Housing and tangible asset allowances \$ _____

Description: _____

Description: _____

☐ **B02** In-State Travel \$ _____ ☐ **B08** Clothing Allowances \$ _____

Description: _____

Description: _____

☐ **B03** Overtime Meals \$ _____ ☐ **B10** Exigent Job-Related Expenses \$ _____

Description: _____

Description: _____

☐ **B04** Job related Tuition \$ _____ ☐ **B1B** Out of State Travel - Hotel/Lodging \$ _____

Description: _____

Description: _____

☐ **B05** Conference, Training and Registration \$ _____ ☐ **BB1** Out of State Travel - Airfare \$ _____

Description: _____

Description: _____

☐ **B06** Membership Dues and Licensing Fees \$ _____ ☐ **BB4** Job Related Tuition, Graduate Education \$ _____

Description: _____

Description: _____

* Copies of receipts must be attached

*Comptroller Guidance Related to Expenditure and Travel Object Codes: Payments must relate directly to job related activities for employees. All employee compensation including reimbursements must be paid through one of the two state payroll systems (HR/CMS or e*mpac – UMASS Payroll System). The Office of the Comptroller (CTR) is required to establish a schedule of object classes and object codes pursuant to M.G.L. c. 29, § 27 to be used in all accounting for expenditures under the Massachusetts Management Accounting and Reporting System (MMARS). The Office of the Comptroller (CTR) has provided accurate primary legal authority, oversight department, agreement types, ncumbrance/payment request documents and tax reporting requirements for each object code. However, departments are responsible for full compliance with all applicable state and federal statutes, rules, regulations and requirements governing the expenditure of funds, regardless of whether or not specifically cited in this Handbook. Departments are advised to seek additional assistance from their legal and fiscal staffs.*

Prepared By _____ Title _____ Date _____

Approved By _____ Title _____ Date _____

Entered By _____ Title _____ Date _____